Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on July 16, 2003.

I. DISPUTE

Whether there should be additional reimbursement for CPT codes 97750-MT and 97750-FC for dates of service 10/22/02 and 2/13/03, and reimbursement for CPT codes 97545-WC and 97546-WC for dates of service 12/31/02 through 2/11/03.

II. RATIONALE

- CPT code 97750-MT for date of service 1/22/02 denied as "D – Duplicate billing". Per the submitted HCFA the requestor billed for 2 areas and the respondent reimbursed 1 area. The requestor submitted a request for reconsideration of the 2nd area and received an EOB denying as a duplicate billing. Per the 1996 Medical Fee Guideline (MFG), Medicine Ground Rule (MGR) (I)(E)(3) muscle testing requires a report identifying the serviced provided, results, and interpretation of the test and shall be reimbursed per body area per section (I)(D)(1) of the ground rules for this section. Per the 1996 MFG/MGR (I)(D)(1)(b)(ii) submitted muscle testing report specifies the knee and ankle to be the body parts tested; therefore, reimbursement by the insurance carrier was made according to the fee guideline. Additional reimbursement not recommended.

- CPT code 97750-FC for date of service 2/13/03 denied as "F – followed fee guidelines". Per the 1996 Medical Fee Guideline, Medicine Ground Rule (I)(E)(2) FCE's for an interim and/or discharge test shall be billed at two hours ($200.00). Submitted FCE report supports deliver of service. Additional reimbursement of $175.00 ($200.00 - $25.00 (insurance carrier reimbursement)) is recommended.

- CPT code 97545-WC and 97546-WC for dates of 12/31/02 and 1/2/03 denied as "V-Unnecessary treatment with peer review". Per §133.301(a) a carrier shall not retrospectively deny services that have been preauthorized. Requestor submitted preauthorization letter, authorization number 963037; SOAP notes support delivery of service, reimbursement in the amount of $504.00 ($36.00 x 14 hrs) is recommended.

- CPT code 97545-WC and 97546-WC for dates of 2/10/03 and 2/11/03. The insurance carrier submitted EOBs that show payment was made; however, no payment screens with check numbers were submitted; the requestor is stating that payment by the carrier was withheld. Requestor has submitted preauthorization letter authorizing the services billed. Preauthorization number is 987648. Per §133.301(a) a carrier shall not retrospectively deny services that have been preauthorized. Per the 1996 Medical Fee Guideline, Medicine Ground Rule (II)(D) SOAP notes support delivery of service. Reimbursement in the amount of $576.00 ($36.00 x 16 hrs) is recommended.

III. DECISION & ORDER

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor is entitled to reimbursement for CPT codes 97750-FC, 97545-WC and 97546-WC in the amount of $1,255.00. Pursuant to Sections 402.042, 413.016, 413.031, and 413.019 the Division hereby ORDERS the Respondent to remit **$1,255.00** plus all accrued interest due at the time of payment to the Requestor within 20 days receipt of this Order.

The above Findings, Decision and Order are hereby issued this 30th day of January 2004.

Marguerite Foster
Medical Dispute Resolution Officer
Medical Review Division

MF/mf